

# Republic of Zambia



## Ministry of Finance and National Planning and Ministry of Health

### ZAMBIA EMERGENCY HEALTH SERVICE DELIVERY PROJECT

**P176214**

### Draft Stakeholder Engagement Plan December 2021

## **Acronyms**

CHW	Community health worker
DMMU	Disaster Management and mitigation Unit
EHSg	Environment, Health and Safety Guidelines
ESMP	Environmental and Social Management Plans
FBO	Faith-based organization
FGD	Focus group discussion
FMIS	Financial Management Information System
GBV	Gender-Based Violence
GII	Gender inequality index
GRM	Grievance Redress Mechanism
GRZ	Government of Zambia
HCF	Healthcare facilities
HCW	Healthcare waste
IMCI	Integrated Management of Childhood Illness
LMP	Labour Management Procedures
MCH	Mother and Child Health
M & E	Monitoring and Evaluation
MoFNP	Ministry of Finance and National Planning
MoH	Ministry of Health
MoLG	Ministry of Local Government
OAG	Office of the Auditor General
OHS	Occupational Health and Safety
PFM	Public Financial Management
PHC	Primary health care
PMEC	Payment Management and Establishment Control
PMU	Program Management Unit
POM	Project Operation Manual
PPE	Personal protective equipment
PSMD	Public Service Management Division
SEA-H	Sexual exploitation and abuse and/or harassment
SEP	Stakeholder Engagement Plan
UHC	Universal health coverage
WB	World Bank
ZEMA	Zambia Environmental Management Agency

## Contents

1.0	INTRODUCTION.....	6
1.1	Introduction .....	6
1.2	Project Description.....	6
2.0	SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENT ACTIVITIES.....	8
3.0	STAKEHOLDER IDENTIFICATION AND ANALYSIS .....	10
3.1.	Affected parties.....	10
3.2	Other interested parties .....	10
3.3	Disadvantaged / vulnerable individuals or groups .....	11
3.4	Summary of stakeholder needs .....	11
4.0	Stakeholder Engagement Program .....	13
4.1	Purpose and timing of stakeholder engagement .....	13
4.2	Proposed Strategy for information disclosure.....	13
4.3	Proposed strategy for consultation .....	15
4.4.	Proposed strategy to incorporate the view of vulnerable groups.....	15
<b>4.5</b>	<b>Timelines.....</b>	<b>16</b>
<b>4.6</b>	<b>Review of comments .....</b>	<b>16</b>
<b>4.7</b>	<b>Reporting back to stakeholders .....</b>	<b>16</b>
5.0	RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES .....	18
<b>5.1</b>	<b>Resources .....</b>	<b>18</b>
<b>5.2</b>	<b>Management functions and responsibilities .....</b>	<b>19</b>
<b>5.3</b>	<b>Name and Contact Details of Person Responsible .....</b>	<b>19</b>
6.0	GRIEVANCE MECHANISM.....	20
<b>6.4</b>	<b>Description of GM .....</b>	<b>21</b>
<b>6.5</b>	<b>Gender Based Violence and Sexual Exploitation .....</b>	<b>22</b>
<b>7.0</b>	<b>MONITORING AND REPORTING .....</b>	<b>23</b>
	ANNEX I: Attendance list of meeting for Zambia Emergency health service delivery project appraisal mission held on 23 <sup>rd</sup> November 2021.....	24
	ANNEX II: Attendance list of the Negotiation meeting for Zambia Emergency health service delivery project held on 29 <sup>th</sup> November 2021.....	26
	Annex III: Sample complaint lodgment form .....	29

## **GLOSSARY OF KEY TERMS**

*Consultation* - The process of gathering information or advice from stakeholders and taking these views into account when making project decisions and/or setting targets and defining strategies.

*Engagement* - A process in which a company builds and maintains constructive and sustainable relationships with stakeholders impacted over the life of a project. This is part of a broader “stakeholder engagement” strategy, which also encompasses governments, civil society, employees, suppliers, and others with an interest in the Project.

*Grievance Mechanism* - a process for receiving, evaluating, and addressing project-related complaints from citizens, stakeholders, and other affected communities.

*Stakeholders* - Persons or groups who are directly or indirectly affected by a project, as well as those who may have interests in a project and/or the ability to influence its outcome, either positively or negatively; workers, local communities directly affected by the project and other stakeholders not directly affected by the project but that have an interest in it, e.g., local authorities, neighboring projects, and/or nongovernmental organizations, etc.

*Stakeholder Engagement Plan* - A plan which assists investors with effectively engaging with stakeholders throughout the life of the project and specifying activities that will be implemented to manage or enhance engagement.

*Complainant*- An individual, group, or organization that submits a verbal or written complaint

*Grievance/Complaint* -an expression of dissatisfaction that stems from real or perceived issues, typically referring to a specific source of concern and/or seeking a specific solution. For the purpose of this GRM, real and perceived impacts are treated equally and given the same due process. The term grievance and complaint are used interchangeably in this document.

*Sexual exploitation: any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. In World Bank financed operations, sexual exploitation occurs when access to or benefit from Bank-financed goods, works, non-consulting services or consulting services is used to extract sexual gain.*

*Sexual abuse* - actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions

*Sexual harassment*- Any unwelcome sexual advances, request for sexual favors, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might be reasonably expected or perceived to cause offense or humiliation to another when such conduct interferes with work; is made a condition of employment; or creates an intimidating, hostile, or offensive work environment.

Sexual exploitation and abuse (SEA) versus sexual harassment (SH): SEA occurs against a beneficiary or member of the community. SH occurs between personnel/staff and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature. The distinction between the two is important so that agency policies and staff trainings can include specific instruction on the procedures to report each

*Survivor* - A survivor is a person who has experienced the SEA/SH incident in the context of this GM

## 1.0 INTRODUCTION

### 1.1 Introduction

This Stakeholder Engagement Plan (SEP) has been prepared to identify the key stakeholders of the Zambia Emergency Health Service Delivery Project, establish stakeholder engagement measures, and provide a grievance mechanism (GM). The SEP outlines how, when, and ways in which the project team will communicate and consult with stakeholders including vulnerable groups and a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The SEP has been prepared according to Environmental and Social Standard 10 (ESS 10) on Stakeholder Engagement and Information Disclosure of the World Bank's Environmental and Social Framework (ESF). It will cover the whole life of the Project.

The overall objectives of SEP as stated in the ESS-10 are to:

- Identify the roles and responsibility of all stakeholders and ensure their participation in all stages of the project cycle.
- Establish a systematic approach to stakeholder and citizen engagements that will help to identify stakeholders and build and maintain a constructive relationship with them, project-affected parties.
- Assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in project design and environmental and social performance.
- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project cycle on issues that could potentially affect them.
- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format taking special consideration for the disadvantaged or vulnerable groups.
- Provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow the Project Implementing Entity and its Project Management Unit to respond to and manage such grievances.

### 1.2 Project Description

The Zambia Emergency Health Service Delivery Project provides emergency support for meeting the crisis in the delivery of core public health services caused by the debt crisis and the COVID-19 pandemic. As part of the World Bank's support to the Government of Zambia to maintain critical social sector spending that has been impacted by the COVID-19 pandemic, the project will help ensure the continued delivery of frontline health services in the provinces and districts of Zambia, which otherwise face the serious prospect of being disrupted. The project is envisaged as a "bridge" that will enable the Government of Zambia to cross over the current crisis and onto the road to long term recovery and sustainable health service delivery.

The operation will support Zambia's fiscal adjustment and debt restructuring programs to restore macroeconomic stability and debt sustainability while protecting social spending. Zambia applied for debt treatment under the G-20 Common Framework in January 2021. Correspondingly, the new government has committed to a fiscal consolidation program that will see the fiscal deficit decline from a projected 16.5 percent of GDP in 2021 to around 5.0 percent of GDP by 2024, whilst protecting social spending. This operation is embedded in this medium-term fiscal framework. Specifically, the medium-term fiscal framework envisages that health expenditure will increase by 0.7 percent of GDP between

2021 and 2024, to meet both the near-term requirements for responding to the COVID-19 pandemic as well to address longer-term needs for strengthening the health sector. The operation will thus provide the necessary liquidity to ensure timely funding of health expenditures such that health service delivery is not disrupted as the government undergoes a fiscal adjustment amidst the COVID-19 pandemic. The medium-term sustainability of this spending is ensured through the fiscal program that will accompany the debt restructuring under the CF, complimented by budget monitoring through the planned IMF program and World Bank's development policy operation.

The project is part of the World Bank's broader support to Zambia's response to the COVID-19 and debt crises. As such, it is also complementary to and coherent with other World Bank financed operations both past and present. The project is part of a set of interlocking interventions supported by the World Bank to enable the government of Zambia to address the shocks resulting from the COVID-19 pandemic and the debt crisis.

The **Project Development Objective** is to provide emergency support to enable the continued delivery of public health care services in Zambia

**Component 1: Emergency financing to enable continued health service delivery:** This component will provide emergency financing support to the Government of Zambia to finance the continued delivery of frontline healthcare services. The government will use the financing provided under this component to meet the costs of health service delivery such as salaries of health staff (doctors, nurses, medical support staff such as paramedics), other frontline health workers, and provincial and district health sector staff who are part of the Ministry of Health (MoH) payroll, in particular women, who comprise most of the health workforce.

**Component 2. Institutional strengthening of the health sector:** This component aims to strengthen processes for efficient resource management and expenditure control and contribute to enhancing the efficiency of underlying PFM systems and processes in the health sector. This component establishes resource management preconditions for improving the quality of services delivered. Significant improvements in health service delivery and health outcomes will require additional actions and programs in the medium term. The support provided under this component will complement other sectoral programs, including World Bank operations in the health sector. Eligible Expenditures under this component will include the goods, and consultancy services necessary for implementing the component activities.

**Component 3. Project management:** This component will finance the operating costs of the Project Management Unit (PMU), including salaries, consultant fees, and other operating costs required for the implementation of the operation. The PMU will organize spot checks and payroll verification measures to ensure that the project funds are used for their intended purposes. This component will also finance independent audits to provide adequate fiduciary assurance on the use of project funds. The PMU will also contract the services of an independent entity to verify the continued provision of health services at the primary and secondary health facilities. Payroll audits of the MoH at the provincial and district levels will be carried out once during the duration of the project.

## 2.0 SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENT ACTIVITIES

During project preparation, a number of meetings were held between MoFNP and MoH, and the World Bank. Initial discussions for the Project description have also been held via WebEx with the World Bank team based in Washington DC. The Table below summaries the key engagement held up to date:

**Table 1: Summary of Previous Stakeholder Engagements**

Stakeholder Name	Method of consultation	Date of consultation	Purpose of consultation
MoFNP World Bank	Virtual	15 December, 2020	General discussion and introduction on the project and setting up Government task team.
MoFNP MoH World Bank	Virtual	23 December, 2020	Discussion on proposed expenditures to be made out of the World Bank financing and systems for accounting and reporting of funds, the control and oversight arrangements and reforms and indicators to be linked to the Disbursement Linked Indicators.
MoFNP MoH	Virtual	4 February 2021	Discussion on the proposed disbursement linked Indicators
MoFNP World Bank	Virtual	5 February 2021	Discussion on the proposed disbursement linked Indicators
MoFNP MoH World Bank	Virtual	9 February 2021	Bank institutional arrangement for the FRRESH Project
MoFNP MoH World Bank	Virtual	10 February 2021	Further discussion on the institutional arrangements of the project
MoFNP MoH World Bank	Virtual	15 February 2021	Discussion on the Environmental and Social Commitment Plan (ESCP) for the FRRESH project.
MoFNP MoH World Bank	Virtual	19 February 2021	Finalize discussion on the institutional arrangements of the project



MoFNP MoH World Bank		26 February 2021	Discuss request for clarifications from the World Bank regarding financing of the FRRESH Project: Whether financing will be used for paying salaries and allowances of both admin staff as well as technical health staff whether financing to meet the wage bill at the Provincial and District level staff Whether wages will include for temporary staff or will it include only permanent staff and other clarifications.
MoFNP MoH World Bank	Virtual	11 March 2021	Discussion on revised DLIs and performance indicators.
MoFNP MoH World Bank	Virtual	7 April 2021	Payroll Assessment consultants and follow up on DLIs.
MoFNP MoH World Bank	Virtual	July 15 July 2021	Further discussion on the FRRESH Project
MoFNP MoH	Virtual	22 November, 2021	Pre-appraisal meeting for the Zambia Emergency Health Service Delivery Project
MoFNP MoH World Bank	Physical	23 November, 2021 (Annex I Participant details)	Appraisal meeting for the Zambia Emergency Health Service Delivery Project
MoFNP MoH	Virtual	29 November, 2021 (Annex II A. Participant details)	Pre-negotiations for the Zambia Emergency Health Service Delivery Project
MoFNP MoH World Bank	Physical and Virtual	29 November, 2021 (Annex II B. Participant details)	Negotiations for the Zambia Emergency Health Service Delivery Project

### 3.0 STAKEHOLDER IDENTIFICATION AND ANALYSIS

Project stakeholders are defined as individuals, groups or other entities who:

- 1) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’);
- 2) and may have an interest in the Project (‘interested parties’). They include individuals or groups who have the potential to influence the Project outcomes in anyway.

For the purposes of effective and tailored engagement, stakeholders of the proposed project are divided into the following core categories: affected parties, interested parties, and disadvantaged/vulnerable individuals or groups.

#### 3.1. Affected parties

These include local communities that are intended to benefit from the provision of quality health care through continued operation of the health system. Further, this includes key line ministries (MOH and MOF) that will be responsible for implementation of project activities and interested in the outcomes.

#### 3.2 Other interested parties

Interested Parties include stakeholders who may not experience direct impacts from the project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way. This category will include the following individuals and groups:

**Table 2: Summary of other interested parties**

Group	Purpose
Chiefs, village headmen/women, Policy and Political leaders, (Members of Parliament, Councillors), Religious and community leaders	Gate keepers of the community assist in providing a link to the community and cooperation of the community
Media houses, Social media users and/or influencers	promotion, communication, education, entertainment and dissemination of information
Civil society groups, NGOs and other donor organizations	Interact with the community and assist coordinate community outreach gatherings
Local Community	Will use the services
Hired Contractors	Conduct rehabilitation works

### **3.3 Disadvantaged / vulnerable individuals or groups**

It is particularly important to understand whether project outcomes will be address the needs of on the disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the intended benefits of the project. Through the SEP, the project will ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups is taken into account. Particularly on sensitivities, concerns and cultural sensitivities to ensure full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, disability, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the use of specific measures and assistance to facilitate their participation. So that their awareness of and input to the overall project-related decision-making process is commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Elderly
- People living with or affected by chronic diseases, with compromised immune systems or related pre-existing conditions
- Illiterate people
- Persons with disabilities
- Those living in remote or inaccessible areas
- Refugees and prisoners
- Female-headed households
- Child-headed households
- Street children
- HIV/AIDS affected people,
- People living with HIV (PLHIV)

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

### **3.4 Summary of stakeholder needs**

The assessment of stakeholder needs was based on the institutional and stakeholder chain for the implementation of the Zambia Emergency Health Service Delivery Project. The table below provides the summary of needs for the following categories of operational stakeholders.

**Table 3: Summary of Stakeholder Needs**

Stakeholder group	Organisations/institutions	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
Direct Partners	World Bank, WHO, Development Partners	English	Emails, Meetings (virtual &/or in person), phone calls	Projects Plans and Budgets, Progress Reports, Project Briefs
Indirect and Interested partners	Civil Society Groups	English	Emails, Meetings (virtual &/or in person), letters, posters &/or use of fliers, radio programming	Updates on the project implementation progress and sensitisation on risk mitigation measures such as GBV prevention and GRM
Clients	Civil Servants including Public Health Workers,	English and local language(s)	Emails, Workshops (virtual &/or in person), letters	Sensitization on the project and including the projects general and labor related GRM
Vulnerable and Disadvantaged Group	Women, youth and PWD, resource poor communities, local market women association.	Local language(s)	Community radio, face to face meetings &/or FGDs, posters &/or fliers	Sensitization on the project and including the GRM  Adjusting meeting arrangements to local culture

## 4.0 Stakeholder Engagement Program

### 4.1 Purpose and timing of stakeholder engagement

The project will engage stakeholders as early as possible and will continue the engagement throughout the planning, mobilization, implementation and handing over stages until the project is eventually closed.

However, the nature and frequency of follow up consultations with stakeholders will be aligned with the timelines for implementation of each project component and guided by the SEP principles.

### 4.2 Proposed Strategy for information disclosure

In terms of methodology, the project must adapt to different requirements. However, given the need to restrictions required during the COVID-19 pandemic it is necessary to avoid reliance on public gatherings to prevent and reduce the risk of COVID-19 transmission. It will be important that the different communication and consultative activities are inclusive and culturally sensitive, thereby ensuring particularly that the disadvantaged/vulnerable groups outlined above will have the chance to participate in the Project benefits.

Where small meetings are permitted, consultations may take place in small group sessions such as focus-group discussions (FGD) and/or face to face meetings. The MoFNP and MoH through the District Health Office (DHO) and local leadership will be responsible for the project launch and disclosure of the SEP and GRM so that the community is aware of channels to bring out their complaints and expect feedback. All views and feedback will be recorded.

However, for the immediate, meetings will have to be conducted virtually through WebEx, WhatsApp, Zoom or Skype. The project will also consider alternative communication means to include stakeholders with limited internet access such as the use of community radio stations and use of local communication channels including the church and community meetings whilst adhering to Covid 19 guidelines.

The table below presents an indicative strategy and phased approach for disclosure of information related to the project.

**Table 4: Strategy for information disclosure**

Project stage	Target stakeholders	List of information to be disclosed	Methods	Responsible Institution	Time frame
Project Effectiveness	Development partners, International health organizations,	Project SEP including the GRM Draft ESCP	Press releases in the local media. Consultation/Awareness meetings. Virtual meetings	MoFNP and MoH	Prior to commencement of project activities

Project stage	Target stakeholders	List of information to be disclosed	Methods	Responsible Institution	Time frame
	Relevant line ministries and agencies, CSO & NGOs Media	LMP	MoFNP and MoH website		
Project Implementation	CSO & NGOs Media Relevant line ministries and agencies, Affected person, groups; and Other interested Parties	Bia- annual and Annual Reports, Policy briefs, discussion papers	Information leaflets (both English and applicable local languages), posters and brochures; audio-visual materials, MoFNP and MoH websites social media; Public notices; Press releases in the local media (both print and electronic -i.e., community radio stations)); Consultation with disadvantaged/vulnerable groups by FDGs, community meeting, virtual meetings	MoFNP and MoH	Throughout implementation
Project closure	Development partners, International health organizations, Relevant line ministries and agencies, CSO & NGOs Media	Dissemination of final project reports. Project exit strategy;	Website, emails, virtual, in person  Face to face community meetings, focus group discussions	MoFNP and MoH	Within 30 days after project closure
	Affected persons	Dissemination of final project reports. Project exit strategy;	Website, emails, virtual, in person  Face to face community meetings, focus group discussions	MoFNP and MoH	Within 30 days after project closure

Project stage	Target stakeholders	List of information to be disclosed	Methods	Responsible Institution	Time frame
	Other interested Parties	Dissemination of final project reports. Project exit strategy;	Website, emails, virtual, in person  Face to face community meetings, focus group discussions	MoFNP and MoH	Within 30 days after project closure

### 4.3 Proposed strategy for consultation

The design of Zambia Emergency Health Service Delivery Project activities involves considerable number of planned consultations to facilitate implementations. The table below provides a summary of all planned consultations with stakeholders.

**Table 5: Strategy for Consultation**

Stakeholder name	Stakeholder type	Method of consultation	Date of consultation	Purpose of consultation
E.g., Ministry of Health/ Media/ etc.	e.g., Line Ministry/ NGO/Development Agency/Community etc.	In- person meeting/virtual meeting FGD etc.	June – November 2021	e.g. in person meeting to discuss partnership strategy
Bilateral & Multilateral Partners	Development Partners	In- person meeting/virtual meeting FGD etc.	Quarterly	To discuss sector issues including requirements for technical and financial support
Ministry of Health staff	Employees	In- person meeting/virtual meeting FGD; questionnaires etc.	Quarterly	To sensitise them on the project
WHO, UNESCO, UNDP	UN Agencies	In- person meeting/virtual meeting FGD; questionnaires etc.	Bi-annual	To discuss sector issues including requirements for technical and financial support
Business entities	Consultants, contractors, suppliers of goods and services	In- person meeting/virtual meeting FGD; questionnaires etc.	Bi-annually	To sensitise them on the business opportunities and requirements on the project

### 4.4. Proposed strategy to incorporate the view of vulnerable groups

Given the unique challenges that disadvantaged/vulnerable groups could face during consultations process, MoFNP and MoH have considered the following measures to ensure the involvement of disadvantaged groups in consultation processes and access to project information

- Women: Consider provisions for childcare, transport, time, safety for any in-person community engagement activities and separating men from women during small FDGs to ensure that the views of the women are heard.
- Pregnant women: develop language and format appropriate education materials for pregnant women on basic hygiene practices, nutrition, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop language and format appropriate information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats and offer multiple forms of communication
- Children: design information and communication materials in a child-friendly manner & provide parents-child communication skills to handle e.g., their own anxieties and help manage those in their children.

Worth noting is that more vulnerable groups on this project may be identified during continuous community engagement and identification of new stakeholders. The details of strategies that will be adopted to effectively engage and communicate to the disadvantaged/vulnerable groups will be further considered during early stages of project implementation.

#### **4.5 Timelines**

Stakeholder engagements for the Zambia Emergency Health Service Delivery Project have been a continuous process from the project design and preparatory stage to date. As per table 4, MoFPN and MoH will continue to engage all relevant stakeholders throughout the project implementation process until the project closure.

#### **4.6 Review of comments**

MoFPN and MOH recognize feedback from stakeholders as important inputs needed for the successful implementation of the overall project. During engagements, all written and oral comments from stakeholders will be gathered, reviewed, and consolidated to improve content management of documents. A summary of how comments were taken into account will be shared with stakeholders when reporting back with final products.

#### **4.7 Reporting back to stakeholders**

The SEP will be periodically revised and updated as necessary during project implementation to ensure that the information presented herein is consistent and up to date, and that the identified methods of engagement remain appropriate and effective in relation to the project context. Any major changes to



the project related activities and to its schedule will be duly reflected in the SEP and communicated to stakeholders and the Bank.

Information on public engagement activities undertaken by the project during a project year will be conveyed to the stakeholders during biannual progress updates sessions with stakeholders. Information that will be shared include type of engagement opportunities given to project stakeholders, nature of participation in terms of gender and involvement of disadvantage groups, the extent to which stakeholders views were considered, and updates on project grievances.

## 5.0 RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

### 5.1 Resources

The PMU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, hospital administration, MoFNP assigned officers at designated levels etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank. The SEP will be financed under Component 2 Institutional Strengthening of the Health Sector and is currently estimated at \$0.1 million, subject to review prior to project commencement.

*Table 6 Stakeholder activities Budget*

<u>S/N</u>	<u>Item Description</u>	<u>Quantity/ Frequency</u>	<u>Unit Cost</u>	<u>Total</u>
<u>1</u>	<u>Develop/adapt of communication materials</u>	<u>1</u>	<u>7,500</u>	<u>7,500</u>
<u>2</u>	<u>Translate information/communication materials into local languages</u>	<u>3 (x2 during implementation and x1 at completion)</u>	<u>2,500</u>	<u>7,500</u>
<u>3</u>	<u>Printing of Communications materials (GRM pamphlets, posters)</u>	<u>10</u>	<u>500</u>	<u>5000</u>
<u>4</u>	<u>Radio vox pop (production and airing)</u>	<u>x1 production x3 airing x10 stations</u>	<u>8,000 500</u>	<u>8,000 15,000</u>
<u>5</u>	<u>Training of GRM committees at municipality-</u>	<u>xxx</u>	<u>2,000 500</u>	<u>6,000 15,000</u>
<u>6</u>	<u>FDG with vulnerable groups</u>	<u>x2 x2 groups per province</u>	<u>250</u>	<u>5,000</u>
<u>7</u>	<u>Consultation/awareness meeting with development partners and ministries agencies</u>	<u>x3 x15</u>	<u>45</u>	<u>2,025</u>
<u>8</u>	<u>Project Closure restitution meeting</u>	<u>x2 x2groups</u>	<u>9,162.50</u>	<u>18,325</u>
<u>9</u>	<u>Monitoring</u>	<u>10</u>	<u>100</u>	<u>10,000</u>
			<b><u>Grand total</u></b>	<b><u>US\$ 100,000</u></b>

## 5.2 Management functions and responsibilities

The summary of key institutions concerned about the implementation of this SEP and responsibilities cast are as follows:

**Table 1: Responsibility Table**

<b><i>Institution /Lead Person</i></b>	<b><i>RESPONSIBILITY</i></b>
<i>Project Steering Committee</i>	<ul style="list-style-type: none"><li>• Oversight responsibility for entire project implementation</li></ul>
<i>Project Technical Committee</i>	<ul style="list-style-type: none"><li>• Provide technical support for the preparation implementation of this SEP and resolution of grievances</li></ul>
<i>MoFNP and MoH through Designated Environment and Social Specialist</i>	<ul style="list-style-type: none"><li>• Overall coordination of project activities and implementation of this SEP.</li><li>• Ensure effective implementation of GRM</li><li>• Document the performance of SEP implementation</li><li>• Initiate and coordinate stakeholder engagement activities</li><li>• Assign staff to keep written records on stakeholder engagement activities and on grievances.</li><li>• Ensure the involvement of other implementing partners in the monitoring of SEP activities.</li></ul>

## 5.3 Name and Contact Details of Person Responsible

For any comment, question of feedback on the stakeholder engagement process, the following persons can be contacted.

- **Emails to:** [mumba.chanda@mof.gov.zm](mailto:mumba.chanda@mof.gov.zm) [Position Title] Director, Local Government Finance and Projects
- **Phone/WhatsApp:** +[260]968 486 661; and
- **Emails to:** [Henry.change@mof.gov.zm](mailto:Henry.change@mof.gov.zm) [Position Title] Principal Accountant  
Phone/WhatsApp: +[260] 967 784 463

## 6.0 GRIEVANCE MECHANISM

The project will harness the existing GRM established under the Zambia COVID-19 Emergency Response and Health Systems Preparedness Project (P174185) which is being implemented by the MoH and funded by the World Bank. The GRM will guide the receipt, and mediation of complaints and response to questions from project stakeholders and project affected persons including cases linked to sexual exploitation and abuse (SEA) and sexual harassment (SH).

### 6.1 Objectives

The GM is intended to:

- Provide avenues for stakeholders to seek information and ask questions on the Zambia Emergency Health Service Delivery project.
- Provide project affected people with avenues for lodging concerns, complaints and resolving a dispute arising from project activities.
- Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants.
- Provide avenue for vulnerable groups and victims of SEA/SH to have access to the grievance redress process that is safe and upholds confidentiality and non-stigmatization. The GRM process will include a referral pathway that provides psychosocial support that is survivor centered for victims of GBV/SEA.
- Avoid/manage/mitigate project-community conflicts and improve community support for the project activities.

Although project affected parties have the right to seek redress in court, the project recognizes that court cases are known to be cumbersome and time consuming. Therefore, the project, through this GRM intends to propose an alternative simple but functional first point procedure for aggrieved project affected persons to amicably seek redress to their complaints. Nonetheless, aggrieved persons would remain free to access the court system without any hindrance or retribution from the project as provided by the laws of Zambia

### 6.2 Principles of the GM

The operationalization of this GM shall be guided by the following principles.

- An accessible, inclusive, and free grievance mechanism (GM), broadly disclosed, which facilitates the resolution of concerns and grievances in a safe, confidential, and timely manner.
- A grievance mechanism that allows stakeholders to file complaints by various means (face-to-face, mail, email, phone, text, website, and in person) and when necessary, in an anonymous manner.
- A grievance mechanism that provides a clear, impartial, and objective procedures for handling and responding to complaints, including timelines for acknowledgement, decisions, and appeals.
- A grievance process free of retaliation, abuse, or discrimination.
- A grievance mechanism that provides an avenue for lodging SEA/SH cases in a safe, confidential, and non-stigmatizing manner and with a referral pathway for such cases. The process will also include provision of psychosocial support that is survivor centered.

### 6.3 Internal Management of the GM

The overall management of the GM will reside with the designated Environmental and Social Specialist . The Environmental and Social Specialist will specifically be responsible for:

- The disclosure of the GM to project stakeholders.
- Sensitization of implementing partners and staff on the GM.
- Keeping records of all complaints received, updating, and closing complaints.
- Facilitating activities of Grievance Committees (GC).
- Checking if all grievances have been addressed and follow-up actions have been taken.
- Escalating cases to PMU
- Referring survivors of SEA/SH cases to Gender Based Violence (GBV) service providers that will be identified following mapping of GBV service providers
- Monitoring and producing biannual performance report on the GM.

### 6.4 Description of GM

Grievances will be handled at each health centre and addressed by the MOH through designated channels and the national hotline. The project will rely on the GRM developed as part of the Zambia COVID-19 Emergency Response and Health Systems Preparedness Project (P174185). The GRM is operational, however, the GRM is under revision to include additional scope on COVID vaccination and health service delivery. The GRM will include the following steps:

- I. **Step 1: Submission of grievances either orally or in writing:** Submission of grievances will either be orally or in writing to a GRM officer in the PIU, a toll-free phone line and email will be established. Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals. To ensure the GRM is accessible to all stakeholders, particularly in rural areas and those that are vulnerable, specific measures will be explored during consultations and reflected in the updated SEP. The GRM will also allow anonymous grievances to be raised and addressed.
- II. **Step 2: Recording of grievances within 24 hours:** Grievances will be recorded and classified based on the typology of complaints and the complainants to provide more efficient response and providing the initial response within 24 hours by the GRM officer. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc.) and the nature of the complaint (e.g., disruptions near quarantine facilities and isolation units, inability to access the information provided on COVID-19 transmission; inability to receive adequate medical care/attention, etc.).
- III. **Step 3: Investigating the grievance and Communication of the Response within 7 days.**
- IV. **Step 4: Complainant Response:** either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to Grievance committee that will be set up.
- V. **Step 5: Monitoring and evaluation:** Grievances will be monitored based on whether the resolution was efficient and if there were any lessons learnt. At the end of each month an

analysis of complaints will be provided and will include a breakdown of cases received, resolved, pending, actions taken, data by gender and types of complaints. This will be part of the quarterly and annual reporting.

Once a complaint has been received, by any channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

The PMU will use the existing institutional Grievance Redress Mechanism (GRM) to address all citizen complaints and requests. The system and requirements (including staffing) for the grievance redress chain of action – from registration, sorting and processing, and acknowledgement and follow-up, to verification and action, and finally feedback – are incorporated embodied in this GRM. In emergency, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and city/district information boards to reach people at large.

Other measures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH), will be identified in the GBV Action Plan. With respect to GBV related complaints, special procedures will be adopted to ensure anonymity and referral procedures to associated NGOs who are experienced in handling GBV cases will be set up. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

## **6.5 GBV/SEA-H incidents**

To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism shall have a different and sensitive approach to GBV-related cases and will be dealt with according to the complainant's informed consent. Where such a case is reported, the complainant will be provided with information about the available services including confidential appropriate medical and psychological support, emergency accommodation, and any other necessary services as appropriate including legal assistance. The survivor will be provided support to access these services. Staff will inform the survivor/complainant to go to a health center which specializes in free post-SEA health support (within 72 hours of the incident). All staff and GRM focal points will be informed that if a case of GBV is reported to them, the only information they will establish is if the incident involves a worker on the project, the nature of the incident, the age and sex of the complainant and if the survivor/complainant was referred to service provision. If a worker on the project is involved the incident will be immediately reported to the Project Coordinator who will provide further guidance after consulting with the World Bank. The PMU will designate an Environmental and Social safeguards specialist who will be responsible to oversee the implementation of GBV/SEA-H activities. The specialist will work with already existing structures within MoH and other line ministries. The PMU will hold regular meetings with the focal points and stakeholders to monitor implementation of the GBV/SEA-H activities. HCF focal point will submit monthly reports to the PMU.

## 7.0 MONITORING AND REPORTING

The SEP will be periodically revised and updated as required during project implementation to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. The updated SEP will detail; (i) key stakeholders to be engaged, (ii) methods for engaging any new identified stakeholders, (iii) type of information to be shared with specific groups, (iv) the timeframe for implementing engagement activities during the project span, (v) budget including human resource allocated for implementation of the SEP and (vi) frequency of reporting.

Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible PIU staff and referred to the senior management of the project. The Quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Several Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

## ANNEX I: Attendance list of meeting for Zambia Emergency health service delivery project appraisal mission held on 23<sup>rd</sup> November 2021

Consultations have been affected by Covid restrictions imposed by the government. The lists provided below focus on internal consultations conducted as part of project preparation. Consultations with other stakeholders outside the line ministries are ongoing and will continue during project implementation.

### Representatives of the Government of the Republic of Zambia

Name	Position	Department	Organization	Email Address
Ngabwe Mannix	Principal Planner	Planning	MOH	mannixngabwe@gmail.com
Francis Chipasha	Principal Planner		MOH	Francischipa2001@yahoo.com
Patrick Hara	Senior Economist	Budget Office	MOFNP	Patrick.Hara@mof.gov.zm
Mumba Chanda	Director	LG/Projects	MOFNP	Mumba.Chanda@mof.gov.zm
Fred Muyovwe	Chief Accountant	Accountant General	MOFNP	Fred.Muyovwe@mof.gov.zm
Kasamba Zobolo	Intern Economist		MOFNP	kasambazobolo@gmail.com
Kachela Mulenga	Chief Accountant	Policy Research & Standards	MOFNP	Mulenga.Kachela@mof.gov.zm
Kalangu D. Mumba	Director	Finance	MOH	kalangudaniel@gmail.COM
Chrispin Shapompola	Senior Accountant	LG & Projects	MOFNP	Chrispin.Shapompola@mof.gov.zm
Rila Mweeka Banda	Senior Planner		MOH	Mweeka.rila@gmail.com
Monde Chimpinde	Accountant	LG & Projects	MOFNP	Monde.Chimpinde@mof.gov.zm
Stephen Nyanga	Senior Accountant	LG & Projects	MOFNP	Stephen.Nyanga@mof.gov.zm
Emmy S. Chenguluka	Director	Technical Services	MOFNP	Emmy.Shawa@mof.gov.zm



Name	Position	Department	Organization	Email Address
Sechwayo Nzima	Director	PMEC	MOFNP	Sechwaya.Nzima@mof.gov.zm
Luke Mate	Director	ICT	MOFNP	Luke.Mate@mof.gov.zm
Ndianga Imasiku	Senior Economist		MOFNP	Ndianga.Imasiku@mof.gov.zm
O'Brien S. Katai	Director	Financial Reporting & Information Systems	MOFNP	O'Briensiame.Katai@mof.gov.zm
Ireen Bwalya	CHRMO-P		MOH	Ireen_bwalya@yahoo.co.uk

### **REPRESENTATIVES OF THE INTERNATIONAL DEVELOPMENT ASSOCIATION**

S/NO	NAME	POSITION	E-MAIL ADDRESS
1.	Baison Banda	ET Consultant	bbanda@worldbank.org
2.	Rama Krishina	Lead Financial Mgt Specialist	vramakrishina@worldbank.org
3.	Angela Porto	Governance Analyst	amarquesporto@worldbank.org
4.	Samson Kwaligana	Senior Economist	skwaligana@worldbank.org
5.	Wedex Ilunga	Sen. Procurement Specialist	wilunga@worldbank.org
6.	Eliot Kalinda	ET Consultant	ekalinda@worldbank.org
7.	Francis Zulu	Consultant	fzulu@worldbank.org
8.	Njavwa Chilufya	Social Dev. Specialist	nchilufya@worldbank.org
9.	Kudakwashe Dube	Social Dev. Specialist	kdube@worldbank.org
10.	Collins Chansa	Senior Health Economist	cchansa@worldbank.org

## ANNEX II: Attendance list of the Negotiation meeting for Zambia Emergency health service delivery project held on 29<sup>th</sup> November 2021

### A. Republic of Zambia

Name	Position	Department	Organization
Masitala Mushinga	Assistant Director	Investment and Debt Management	Ministry of Finance & National Planning
Mumba Chanda	Director	Local Government Finance and Projects	Ministry of Finance & National Planning
Sechwayo Nzima	Director-	Payroll Management and Establishment Control	Ministry of Finance & National Planning
Daniel Kalangu Mumba	Director	Finance	Ministry of Health
Kawama G. Simumba	Treasury Counsel	Legal	Ministry of Finance & National Planning
Mannix Ngabwe	Principal Planner	Planning	Ministry of Health
Nolianga Imasiku	Senior Economist	Investment and Debt Management	Ministry of Finance & National Planning
O'BrienSiame Katai	Director	Financial Reporting and Information System	Ministry of Finance & National Planning
Zakeyo Mvula	Chief Environmental Health Officer	Public Health	Ministry of Health
Fred Muyowe	Chief Accountant	Financial Reporting and	Ministry of Finance and National Planning

Name	Position	Department	Organization
		Information System	
Monalisa Malilwe	Economist	Economic Management and Finance	Ministry of Finance and National Planning
Percy Musona	Assistant Director	Budget Office	Ministry of Finance and National Planning
Bwanyika Kakusa	Accountant	Investment and Debt Management	Ministry of Finance and National Planning
Henry Change	Principal Accountant	Local Government Finance and Projects	Ministry of Finance and National Planning
Kasonde Makumba	Senior Economist	Economic Management and Finance	Ministry of Finance and National Planning
Evaristo Chifumbano	Chief Accountant	Investment and Debt Management	Ministry of Finance and National Planning
George Chibwe	Director	Internal Audit	Ministry of Health
Don Soko	Principal Accountant	Financial Reporting and Information System	Ministry of Finance and National Planning
Willis Chipango	Assistant Director	Budget Office	Ministry of Finance and National Planning

## **B. International Development Association**

<b>Name</b>	<b>Position</b>
Rama Krishnan Venkateswaran	Lead Financial Management Specialist
Moritz Piatti, Senior Economist	Senior Economist
Samson Chabuka Kwalingana	Senior Economist
Margaret Png	Lead Counsel
Ines Melissa Etty	Finance Officer
Helen Mbao	Senior Operations Officer
Collins Chansa	Health Economist
Saidu Goje	Senior Financial Management Specialist
Baison Banda	Financial Management Consultant
Kudakwashe Dube	Social Development Specialist
Christopher Mark Ingoe	Environment Development Specialist
Angela Marques Porto	Governance Analyst
Wedex Ilunga	Senior Procurement Specialist
Eliot Kalinda	Procurement consultant
Francis Zulu	Financial Management Consultant
Kutemba Kambole	Program Assistant

## Annex III: Sample complaint lodgment form

<b>Zambia Emergency Health Service Delivery Project, GRIEVANCE/COMPLAINT FORM</b>	
<b>Section 1: Complaint</b>	
1.	What harm do you believe the Zambia Emergency Health Service Delivery Project caused or is likely to cause to you or your community? Please describe in as much detail as possible.
2.	What location is concerned with your submission? (Please include country/county name)
3.	Do you live in the project area?
4.	Have you previously reported your concerns to Zambia Emergency Health Service Delivery Project management? If yes, please provide the details about those communications and explain why you are not satisfied with the action in response.
5.	If known, please list the operational procedures you believe have been violated by the Zambia Emergency Health Service Delivery Project .
6.	Do you expect any form of retaliation or threats for filing this complaint to the Zambia Emergency Health Service Delivery Project?
<b>Section 2: contact information</b>	
7.	Are you filing an individual submission or representing a community? Individual: <input type="checkbox"/> Representing a community: <input type="checkbox"/>
8.	Would you like your name and contact details to be kept confidential? ( <i>Zambia Emergency Health Service Delivery Project will not disclose your identities to anyone without your prior consent.</i> ) Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Submitter's Name & contact information:
<b>Name:</b>	

**Address:**  
**Email:**  
**Phone:**

Preferred Method of Contact:

10. I, the undersigned, request the Zambia Emergency Health Service Delivery Project to investigate the issues described above.

11. Signature/Thumbprint

Name:

Date

NOTES:

- Please attach supporting documents, if available.

**Section 3: Office Use Only**

Grievance ID Number

Recorded by:

Date

Place/Method grievance was received